 TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/665,509
	Filing Date	September 17, 2003
	First Named Inventor	TSUKAMOTO, Hisashi
	Group Art Unit	1795
	Examiner Name	WALKER, Keith D.
Attorney Docket Number	Q137-US9	
Total Number of Pages in This Submission		

ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized Amendment After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers (for an Application) Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Pre-Appeal Brief Request for Review Form PTO/SB/31 - Notice of Appeal from the Examiner		
<table border="1"> <tr> <td>Remarks</td> <td></td> </tr> </table>			Remarks	
Remarks				

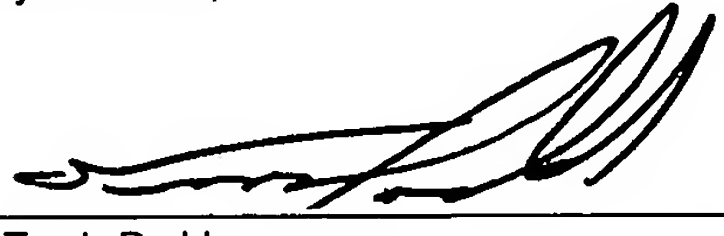
Customer Number or Bar Code Label	31815 (Insert Customer No. or Attach bar code label here)
-----------------------------------	--

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 3/12/2008

Phone: (818) 833-2003
Fax: (818) 833-2065

By: 
 Travis Dodd
 Attorneys for Applicant(s)
 P.O. Box 923127
 Sylmar, CA 91392-3127

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: _____			
Typed or printed name	TRAVIS DODD		
Signature		Date	



PATENT
Docket No.: Q137-US9

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Application of: :
TSUKAMOTO, Hisashi et al. :
Application No. : Group Art Unit: 1795
10/665,509 :
Filing Date: September 17, 2003 :
Title: ELECTRIC STORAGE BATTERY :
CONSTRUCTION AND METHOD :
OF MANUFACTURE :

CERTIFICATE OF MAILING VIA EXPRESS MAIL (37 CFR 1.10)

Express Mail No.: EM018216886US

Dated March 12, 2008

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that the following attached documents are being deposited with the United States Postal Service for "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1. Transmittal Letter (in duplicate)
2. Fee Transmittal Letter (in duplicate)
3. Notice of Appeal (in duplicate)
4. Form PTO/SB/31 - Notice of Appeal from the Examiner (in duplicate)
5. Form PTO/SB/33 - Pre-Appeal Brief Request for Review (in duplicate)
6. Pre-Appeal Brief Request for Review (5 pages)
7. Form PTO-2038, credit card authorization (1 page)
8. Self addressed stamped postcard

March 12, 2008

Date of Deposit

Lisa K. Robbins

Name of Person Mailing paper or fee

Signature



FEE TRANSMITTAL

Attorney Docket No.	Q137-US9
First Named Inventor:	TSUKAMOTO, Hisashi
Application Number	10/665,509
Filing Date:	September 17, 2003
Examiner Name:	1745
Group/Art Unit:	Keith Walker

TOTAL AMOUNT OF PAYMENT:	\$ 255.00
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card


2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$300.00	\$150.00	\$0.00
Total Claims	24 - 20 =	4	X \$50.00	X \$25.00	\$100.00
Independent Claims	1 - 3 =	0	X \$200.00	X \$100.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$360.00	\$180.00	\$0.00
Total of above Calculations =					\$100.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 350.00	\$ 175.00	\$0.00
Reissue filing fee	\$ 790.00	\$ 395.00	\$0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Notice of Appeal	\$	\$	\$255.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$255.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	3/12/2008